PAGE 1 / 34

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Th	nan An Authoriz	ed Committee	Э		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRIN		Example: If typing over the lines.	g, type	12FE4M:	5	
HCA INC. GOOD	OVERNMEN	ΓFUND					1
<u> </u>							
	PO BOX 550						
ADDRESS (number and stree	et)						
Check if different than previously reported. (ACC)	NASHVILLE	PLAZA			TN	37203	
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY ▲		S	TATE A	ZIP CC	DDE 🛦
C C00067231		3. IS THI REPOI		EW) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On	1 00 20 (1	ЛЗ) Ju	ay 20 (M5) un 20 (M6) ul 20 (M7)	Sep 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report	ort (Q2) (C) 12-	-Day E -Election	Primary (12P)		General (12G)	Runoff (12R)
October 15 Quarterly Rep		port for the:	Convention (1		Special (1		
January 31 Year-End Rep	ort (YE)	Election on	M M /	D D /	Y	in the State	of
July 31 Mid-Ye Report (Non-e Year Only) (M	lection Y) PO	-Day ST-Election port for the:	General (30G)		Runoff (3	0R)	Special (30S)
Termination Re (TER)	eport	Election on	M = M /	D D /	Y I Y II Y	in the State	of
5. Covering Period	09 / 01	2016	through	M M M	30	2016	
I certify that I have examine Type or Print Name of Trea	Anderson, Da		nowledge and be	elief it is true	e, correct and	complete.	
Signature of Treasurer	Anderson, David, , ,		[Electronically]	Filed] Da	ate 10	18	2016
NOTE: Submission of false,	erroneous, or incomp	lete information may	subject the person	on signing thi	s Report to th	e penalties of 52	2 U.S.C. § 30109
Office Use						FEC FOR Rev. 05/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016	This I chou	569697.97
	(b) Cash on Hand at Beginning of Reporting Period	591790.27	
	(c) Total Receipts (from Line 19)	53035.97	248294.79
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	644826.24	817992.76
' .	Total Disbursements (from Line 31)	23250.00	196416.52
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	621576.24	621576.24
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

R	eport Covering the Period: From:		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	35171.70	177584.08
	(ii) Unitemized	17864.27	70710.49
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	53035.97	248294.57
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	53035.97	248294.57
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.22
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	53035.97	248294.79
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	53035.97	248294.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	200	0.55
Expenditures(c) Total Operating Expenditures	0.00	0.52
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.52
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	22500.00	193666.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	750.00	750.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	750.00	750.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	2000.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
· ·	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23250.00	196416.52
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23250.00	196416.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	53035.97	248294.57			
4. Total Contribution Refunds (from Line 28(d))	750.00	750.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52285.97	247544.57			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.52			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.52			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	6	OF	34
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	nd Statements may not be sold or used by any pers g the name and address of any political committee t						
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNIN							
Full Name of Individual (Last, First, Middle Adams, Mark, , ,	Date of Receipt						
Mailing Address 381 W 3950 N		09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.35247					
Pleasant View	UT 84414	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Ogden Regional Med Ctr	CEO	_					
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General	0.0						
Other (specify) ▼	250.00						
Alward, Dale, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alward, Dale, , ,						
Mailing Address 13832 Long Lake Ln		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City	State Zip Code	09 08 2016					
Pt. Charlotte	FL 33953	Transaction ID : SA11AI.35012					
	- 00000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer (for Individual) Englewood Community Hosp	Occupation (for Individual) CEO	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1000.00						
Full Name of Individual (Last, First, Middle Barnes, Julie, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 501 Redmond Road		09 27 2016					
City	State Zip Code	Transaction ID : SA11AI.35258					
Rome	GA 30165	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer (for Individual) Redmond Regional	Occupation (for Individual) CMO	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	†					
Primary General							
Other (specify)	500.00						
SUBTOTAL of Receipts This Page (optional	1)	1750.00					
TOTAL This Deviced Mark was 1911 19	hor only)						
IUIAL This Period (last page this line num	ber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	1	OF	34	
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\	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT	ΓFUND		
٨	Full Name of Individual (Last, First, Middle Initial) Bartels, Allen, , , Mailing Address 2015 Breckendridge Drive	nization Name	Date of Receipt	
-	Oite.	Ctata	Zin Codo	09 23 2016
	City Mt. Juliet	State TN	Zip Code 37122	Transaction ID : SA11AI.35182 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Centennial Medical Ctr Receipt For: Primary General Other (specify) ▼		tion (for Individual) arthenon Pavilion ur-to-Date ▼ 500.00	Memo Item
3.	Full Name of Individual (Last, First, Middle Initial) Bartlett, Regina, , , Vailing Address 164 Ashland Pt	nization Name	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D	
(City	State	Zip Code	Transaction ID : SA11AI.35120
-	Hendersonville	TN	37075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		727.95
I	Name of Employer (for Individual) Hendersonville Med Ctr	Occupa: CEO	tion (for Individual)	Memo Item
l	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 727.95	
).	Full Name of Individual (Last, First, Middle Initial) Bateman, Steven, , ,	or Full Orgai	nization Name	Date of Receipt
	Mailing Address 1767 N 300 W	1 -		09 23 2016
(City Centerville	State UT	Zip Code 84014	Transaction ID : SA11AI.35200
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 500.00
	Name of Employer (for Individual) St. Mark's Hospital	Occupat CEO	ion (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)		>	1727.95
тс	OTAL This Period (last page this line number onl	v)		

Use separate schedule(s) for each category of the Detailed Summary Page

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	he name and address of any political committee t							
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNME	ENT FUND							
Baumgardner, Brian, , ,	- · · · ·							
Mailing Address 2202 Coral Dr		09 08 2016						
City Lynn Haven	State Zip Code FL 32444	Transaction ID : SA11AI.34985						
FEC ID number of contributing federal political committee.	C 32444	Amount of Each Receipt this Period 1000.00						
Name of Employer (for Individual) Gulf Coast Med Ctr	Occupation (for Individual) CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle In Bowen, Susan, , , Mailing Address 2429 Provost Rd. E.	nitial) or Full Organization Name	Date of Receipt						
City Jacksonville	State Zip Code FL 32216	09 08 2016 Transaction ID : SA11AI.34968 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	200.00						
Name of Employer (for Individual) Memorial Hospital	Occupation (for Individual) Director Auxiliary	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00							
Full Name of Individual (Last, First, Middle In Bowman, Joe (Centennial), , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 4400 Ridgefield Way		09 23 2016						
City Nashville	State Zip Code TN 37205	Transaction ID : SA11AI.35183 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual) TriStar Centennial Med Ctr	Occupation (for Individual) CFO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00							
SUBTOTAL of Receipts This Page (optional)		1700.00						
TOTAL This Period (last page this line numbe	er only)							

Use separate schedule(s) for each category of the Detailed Summary Page

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	the name and address of any political committee f	
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM	ENT FUND	
Full Name of Individual (Last, First, Middle Brown, James, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5200 Mansfield Ln	09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.35170
Shawnee	KS 66203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Centerpoint Med Ctr	CFO	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Brown, Terry, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1796 Hwy 441 N		09 08 2016
City	State Zip Code	Transaction ID : SA11AI.34974
Okeechobee	FL 34972	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer (for Individual) Raulerson Hospital	Occupation (for Individual) CFO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle Buttell, Phillip, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3204 W 81 Terr		09 23 2016
City	State Zip Code	Transaction ID : SA11AI.35166
Leawood	KS 66206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) Centerpoint Med Ctr	Occupation (for Individual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN	NT FUND		
Α.	Full Name of Individual (Last, First, Middle Initial Bynum, William S., , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 501 Robertson Blvd	09 08 2016		
	City	State	Zip Code	Transaction ID : SA11AI.34995
	Walterboro	SC	29488	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Colleton Medical Center		oation (for Individual) us. Development	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
В.	Full Name of Individual (Last, First, Middle Initi- Chugtai, Omar, , , Mailing Address 7300 Medical Center Drive	al) or Full Org	ganization Name	Date of Receipt
	Maining / Marioss / 300 Medical Center Drive			09 08 2016
	City	State	Zip Code	Transaction ID : SA11AI.34959
	West Hills	CA	91307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) West Hills Hospital	Occup COO	oation (for Individual)	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼	4	750.00	
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 20 S Ash St			09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Denver	State CO	Zip Code	Transaction ID : SA11AI.35229 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		242.45
	Name of Employer (for Individual) Rose Medical Center	Occup CFO	pation (for Individual)	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	7
	Primary General Other (specify)	riggrogato	242.45	
H	SUBTOTAL of Receipts This Page (optional)		·	992.45

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Darling, Cory, , , Date of Receipt Mailing Address 104 Choctaw Ct 2016 City Zip Code State Transaction ID: SA11AI.35240 TN Hendersonville 37075 Amount of Each Receipt this Period FEC ID number of contributing C 339.55 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO TriStar Hendersonville Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 339.55 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Downs, Steven, , , Date of Receipt Mailing Address 1 ARH Lane 2016 City State Zip Code Transaction ID: SA11AI.35149 VA Low Moor 24457 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LewisGale Hospital **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Eisel, Thomas, , , Date of Receipt Mailing Address 502 S Fremont Ave 01 2016 Apt 531 City State Zip Code Transaction ID: SA11AI.35109 FL Tampa 33606 Amount of Each Receipt this Period FEC ID number of contributing C 339.55 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Edward White Hospital** Controller Receipt For: Aggregate Year-to-Date ▼ Primary General 339.55 Other (specify) 1029.10 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griffin, Bradley, , , Date of Receipt Mailing Address 501 Robertson Blvd 2016 City Zip Code State Transaction ID: SA11AI.34994 SC Waltersboro 29488 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Colleton Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Grondin, Thomas, , , Date of Receipt Mailing Address 2211 Riverside Dr 80 2016 City State Zip Code Transaction ID: SA11AI.34982 FL Clearwater 33764 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Memorial Hospital Tampa VP Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hatchel, Kimberly, , , Date of Receipt Mailing Address 2600 Westpoint Drive 23 2016 City State Zip Code Transaction ID: SA11AI.35130 TX Melissa 75454 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Center McKinney CNO Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hawthorn, Connie,,, Date of Receipt Mailing Address 9323 Jaybird Circle East 2016 City Zip Code State Transaction ID: SA11AI.34970 FL Jacksonville 32257 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir. Outpatient Svcs. Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Herron, Michael, , , Date of Receipt Mailing Address 9716 Crestline Heights Ct. 2016 City State Zip Code Transaction ID: SA11AI.35202 NV Las Vegas 89178 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mountainview Hospital **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hiott, James III, , , Date of Receipt Mailing Address 310 Silverhill Rd 80 2016 City Zip Code State Transaction ID: SA11AI.34997 SC Walterboro 29488 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colleton Medical Center **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jemjemian, Norair, , , Date of Receipt Mailing Address 11754 Monte Leon Way 2016 City Zip Code State Transaction ID: SA11AI.35096 CA Porter Ranch 91326 Amount of Each Receipt this Period FEC ID number of contributing C 485.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO Los Robles Hosp & Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 485.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Jones, Kimberly, , , Date of Receipt Mailing Address 2380 N 400 E 09 80 2016 City State Zip Code Transaction ID: SA11AI.35220 Logan UT 84341 Amount of Each Receipt this Period FEC ID number of contributing 339.55 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cache Valley Hospital CNO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 339.55 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Keeling, Kevin, , , Date of Receipt Mailing Address 3714 NE Indian River 2016 A-203 City State Zip Code Transaction ID: SA11AI.35245 FL Jensen Beach 34957 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lawnwood Regional **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1324.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Keys, Tiffany, , , Date of Receipt Mailing Address 809 82nd Pkwy 2016 City Zip Code State Transaction ID: SA11AI.35069 SC Myrtle Beach 29572 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Grand Strand Medical Center CNO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Killian, Steve, , , Date of Receipt Mailing Address 992 Mackenzie Creek Ave 2016 City State Zip Code Transaction ID: SA11AI.34988 Henderson NV 89002 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sunrise Hospital **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Lee, Robbin, , , Date of Receipt Mailing Address 4330 N Hwy A1A #701 80 2016 City State Zip Code Transaction ID: SA11AI.34964 FL Ft. Pierce 34949 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lawnwood Regional COO Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Likes, Randle, , , Date of Receipt Mailing Address 1882 E 12200 S 2016 City Zip Code State Transaction ID: SA11AI.35118 UT Draper 84020 Amount of Each Receipt this Period FEC ID number of contributing C 485.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CMO Timpanogos Regional Receipt For: Aggregate Year-to-Date ▼ Primary General 485.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lowe, Gregory, , , Date of Receipt Mailing Address 1800 SW Crane Creek Ave 2016 City State Zip Code Transaction ID: SA11AI.35244 Palm City FL 34990 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lawnwood CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lynch, Eleanor, , , Date of Receipt Mailing Address 3625 University Blvd S 80 2016 City State Zip Code Transaction ID: SA11AI.34967 FL Jacksonville 32216 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Memorial Hospital Sr VP Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1685.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM	IENT FUND	
Full Name of Individual (Last, First, Middle Marger, Brian, , , Mailing Address 1811 Legacy Cove Ln	Date of Receipt	
City Brentwood	State Zip Code TN 37027	7
FEC ID number of contributing federal political committee.	C (Cooperation (for Individual)	500.00
Name of Employer (for Individual) TriStar Centennial Med Ctr Receipt For:	Occupation (for Individual) COO Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name of Individual (Last, First, Middle McKinley, Bryan, , , Mailing Address 1200 E 3900 S	Initial) or Full Organization Name	Date of Receipt 09 23 2016
City SLC FEC ID number of contributing federal political committee.	State Zip Code 84124	Transaction ID : SA11AI.35201 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) St. Mark's Hospital Receipt For:	Occupation (for Individual) COO Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Meade, Bob, , , Mailing Address 1355 Bayshore Drive	Initial) or Full Organization Name	Date of Receipt
City Englewood FEC ID number of contributing federal political committee.	State Zip Code 34223	09 08 2016 Transaction ID: SA11AI.35060 Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) Doctors Hospital	Occupation (for Individual) CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional))	1500.00
TOTAL This Period (last page this line numb	per only)	1 1 40 1 1 70 1 1 70 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meadows, Mark, , , Date of Receipt Mailing Address 9171 S Peruvian Circle 2016 City Zip Code State Transaction ID: SA11AI.35095 UT Sandy 84093 Amount of Each Receipt this Period FEC ID number of contributing C 242.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO St Mark's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 242.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Melchiode, Joseph, , , Date of Receipt Mailing Address 7201 N University Drive 09 80 2016 City State Zip Code Transaction ID: SA11AI.35236 FL **Tamarac** 33321 Amount of Each Receipt this Period FEC ID number of contributing 727.95 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Hospital CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 727.95 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Melear, Patrick, , , Date of Receipt Mailing Address 1796 Hwy 441 N 01 2016 City State Zip Code Transaction ID: SA11AI.35113 FL Okeechobee 34972 Amount of Each Receipt this Period FEC ID number of contributing C 727.95 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Raulerson Hospital CNO Receipt For: Aggregate Year-to-Date ▼ Primary General 727.95 Other (specify) 1698.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mervak, Gary, , , Date of Receipt Mailing Address 1106 NE 4 Street 2016 City Zip Code State Transaction ID: SA11AI.35013 Ft. Lauderdale FL 33301 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CFO** Mercy Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Andrew, , , Date of Receipt Mailing Address 232 Pelican Pointe 80 2016 City State Zip Code Transaction ID: SA11AI.34965 Ponte Vedra FL 32081 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Memorial Hosp Jacksonville **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mirza, Irfan, , , Date of Receipt Mailing Address 661 Ridgewood Lane 20 2016 City State Zip Code Transaction ID: SA11AI.35209 FL Plantation 33317 Amount of Each Receipt this Period FEC ID number of contributing C 485.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Plantation General Hospital **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 835.20 Other (specify) 1485.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMI	ENT FUND			
Full Name of Individual (Last, First, Middle I Mitchell, Kathy, , , Mailing Address 4469 Caicos Court	nitial) or Full Org	anization Name	Date of Receipt	
	09 08 2016			
City	State	Zip Code	Transaction ID : SA11AI.35061	
Sarasota	FL	34233	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		350.00	
Name of Employer (for Individual) Doctors	Occup CNO	ation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 350.00		
Full Name of Individual (Last, First, Middle I Mondadori, Jane, , , Mailing Address 2757 Pebbleridge Ct	nitial) or Full Org	anization Name	Date of Receipt	
0.1	01.	Zin Onda	09 08 2016	
City Orange Park	State	Zip Code 32065	Transaction ID : SA11AI.34971 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	200.00			
Name of Employer (for Individual) Memorial Hospital		pation (for Individual) tor Medical Staff Office	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 400.00		
Full Name of Individual (Last, First, Middle I Mongell, Mitchell, , ,	nitial) or Full Org	anization Name	Date of Receipt	
Mailing Address 1000 Mar Walt Dr	1		09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City FWB	State FL	Zip Code 32547	Transaction ID : SA11AI.35028	
FEC ID number of contributing federal political committee.	C	02011	Amount of Each Receipt this Period 1000.00	
Name of Employer (for Individual) FWB Med Ctr	Occup	ation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		>	1550.00	
TOTAL This Period (last page this line numbe	er only)			

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Jeffrey, , , Date of Receipt Mailing Address 1000 Mar Walt Dr 2016 City Zip Code State Transaction ID: SA11AI.35029 FL **FWB** 32547 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CFO** FWB Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Morrison, Michael, , , Date of Receipt Mailing Address 1026 Wyndham Dr 2016 City State Zip Code Transaction ID: SA11AI.34962 TN Gallatin 37066 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hendersonville Medical Center **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Murawsky, Jeff, , , Date of Receipt Mailing Address 3186 S Maryland Pkwy 23 2016 City Zip Code State Transaction ID: SA11AI.35133 NV Las Vegas 89109 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sunrise Hospital CMO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Murphy, Donald, , , Date of Receipt Mailing Address 3756 Bay Tree Rd 2016 City Zip Code State Transaction ID: SA11AI.35100 Lynn Haven FL 32444 Amount of Each Receipt this Period FEC ID number of contributing C 485.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CFO** Gulf Coast Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 485.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nelson, Steven, , , Date of Receipt Mailing Address 246 NW Secluded Glen 2016 City State Zip Code Transaction ID: SA11AI.35084 Lake City FL 32055 Amount of Each Receipt this Period FEC ID number of contributing 242.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lake City Medical Center **Director Rehab Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 242.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Osberg, Art, , , Date of Receipt Mailing Address 1431 SW 1st Ave 80 2016 City State Zip Code Transaction ID: SA11AI.35042 FL Ocala 34471 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ocala Reg Med Ctr CMO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1227.65 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Osmond, Sandra, , , Date of Receipt Mailing Address 8913 S Altair Dr 2016 City Zip Code State Transaction ID: SA11AI.35203 UT Sandy 84093 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CNO St. Mark's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Otto, Steve, , , Date of Receipt Mailing Address 3441 Dickerson Pike 80 2016 City State Zip Code Transaction ID: SA11AI.34963 TN Nashville 37207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Skyline Medical Center CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Mark, , , Date of Receipt Mailing Address 706 N Forest Dr 01 2016 City State Zip Code Transaction ID: SA11AI.35076 FL Tallahassee 32303 Amount of Each Receipt this Period FEC ID number of contributing C 970.70 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Capital Reg Med Ctr CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 970.70 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- he name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMI	ENT FUND					
Full Name of Individual (Last, First, Middle I Rogers, Bryan, , , Mailing Address 222 Karen Ave #3707	nitial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City						
Las Vegas	State Zip Code NV 89109	Transaction ID : SA11AI.34972 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1500.00				
Name of Employer (for Individual) Far West Division	Occupation (for Individual) President	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name of Individual (Last, First, Middle I Rohan, Heather, , , Mailing Address 2300 Patterson Street	nitial) or Full Organization Name	Date of Receipt 09 23 2016				
City Nashville	State Zip Code TN 37203	Transaction ID : SA11Al.35178 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	1000.00					
Name of Employer (for Individual) TriStar Centennial Med Ctr	Occupation (for Individual) President & CEO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle I Simmons, Barbara, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1961 SW 52nd Ave	Charte 77 Contr	09 23 2016				
City Plantation	State Zip Code FL 33317	Transaction ID : SA11AI.35194				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Plantation General Hospital	Occupation (for Individual) CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional)	·····	3500.00				
TOTAL This Period (last page this line number	er only)					

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NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNME	NT FUND	
Full Name of Individual (Last, First, Middle Ini Singleton, Lynn, , , Mailing Address 9330 Medical Plaza Drive City Charleston	Date of Receipt 09 08 2016 Transaction ID : SA11AI.35050 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Aggregate Year-to-Date ▼ 300.00	300.00 Memo Item
Full Name of Individual (Last, First, Middle Ini Sklamberg, Todd, , , Mailing Address 11327 Winter Cottage Place City Las Vegas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sunrise Receipt For: Primary General Other (specify)	State Zip Code NV 89135 C Occupation (for Individual) CEO Aggregate Year-to-Date ▼ 970.70	Date of Receipt 09 01 2016 Transaction ID : SA11AI.35116 Amount of Each Receipt this Period 970.70 Memo Item
Full Name of Individual (Last, First, Middle Ini Squires, Steve, , , Mailing Address 4971 W Old Oak Ln City Highland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Timpanogos Regional Hospital Receipt For: Primary General Other (specify)	State Zip Code UT 84003 C Occupation (for Individual) CFO Aggregate Year-to-Date 339.55	Date of Receipt M M M / 20 / 2016 Transaction ID: SA11AI.35210 Amount of Each Receipt this Period 339.55 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1610.25
TOTAL This Period (last page this line number	only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Valentine, Lisa, , , Date of Receipt Mailing Address 295 O'Sullivan Lane 2016 City Zip Code State Transaction ID: SA11AI.35051 SC Summerville 29485 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Summerville Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Van Decar, Tama, , , Date of Receipt Mailing Address 1000 Mar Walt Dr 80 2016 City State Zip Code Transaction ID: SA11AI.35036 **FWB** FL 32547 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) FWB Medical Center CMO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vasquez, Sam, , , Date of Receipt Mailing Address 3186 S Maryland Pkwy 23 2016 City Zip Code State Transaction ID: SA11AI.35143 NV Las Vegas 89109 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sunrise Hospital Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Watabe, Kristen, , , Date of Receipt Mailing Address 2609 NE 26th Ave 2016 City Zip Code State Transaction ID: SA11AI.35101 Ft. Lauderdale FL 33306 Amount of Each Receipt this Period FEC ID number of contributing C 485.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO Northwest Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 485.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, David, , , Date of Receipt Mailing Address 121 NW Nutall Dr 2016 City State Zip Code Transaction ID: SA11AI.35164 MO Lees Summit 64081 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Centerpoint Medical Center CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Woods, Suzanne, , , Date of Receipt Mailing Address 917 Mirror Lake Drive S 80 2016 City State Zip Code Transaction ID: SA11AI.34966 FL St. Augustine 32086 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Memorial Hospital CNO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1485.20 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM	ENT FUND		
Full Name of Individual (Last, First, Middle Worley, John, , , Mailing Address 2380 N 400 E	Initial) or Full Organ	nization Name	Date of Receipt
City	State	Zip Code	09 08 2016 Transaction ID : SA11Al.35219
North Logan	UT	84341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		242.45
Name of Employer (for Individual) Cache Valley	Occupati CEO	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 242.45	
Full Name of Individual (Last, First, Middle Young, Steve, , , Mailing Address 11375 Cortez Blvd	Initial) or Full Organ	nization Name	Date of Receipt
City	State	Zip Code	09 01 2016
Brooksville	FL	34613	Transaction ID : SA11AI.35078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	242.45		
Name of Employer (for Individual) Oak Hill Hospital	Occupat VP	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 442.45	
Full Name of Individual (Last, First, Middle Zeis, Monica, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 4600 SW 46th Ct	01-1-	7'r Oada	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ocala	State FL	Zip Code 34474	Transaction ID : SA11AI.35037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer (for Individual) Ocala Health		ion (for Individual) /est Marion	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional).		>	834.90
TOTAL This Period (last page this line number	er only)		35171.70

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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUM					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one	e)				
	Detailed Summary Page	21b	22 X 23 26 27				
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NAME OF COMMITTEE (In Full)	address of any political	2011111111100 10 3011	on sometime with such committee.				
HCA INC. GOOD GOVERNMENT	FLIND						
TIGA ING. GOOD GOVERNIVIENT	ם אוט ו						
Full Name (Last, First, Middle Initial)							
A. ANNA ESHOO FOR CONGRESS		D	ate of Disbursement				
		г	M M M / D D / Y M Y M Y				
Mailing Address 555 CAPITOL MALL, SUITE 1425			09 13 2016				
City	State Zip Code		EO Islandification N				
SACRAMENTO	CA 95814	<u>F</u>	EC Identification Number				
Purpose of Disbursement			C00258475				
fund raiser			Transaction ID : SB23.35269				
Candidate Name		3 7	mount of Each Disbursement this Period				
ESHOO, ANNA, , , Office Sought: Y House Disbursen	nent For: 2016	Type	1000.00				
	Primary General		7				
	Other (specify)		Mama Itam				
State: CA District: 18		L	Memo Item				
Full Name (Last, First, Middle Initial)							
B. BECERRA FOR CONGRESS		D	ate of Disbursement				
W. W. A. I		г	M - M / D - D / Y - Y - Y - Y				
Mailing Address P.O. Box 261060			09 13 2016				
City	State Zip Code						
Los Angeles	CA 90026	<u>F</u>	EC Identification Number				
Purpose of Disbursement			C00264101				
fund raiser			Transaction ID : SB23.35270				
Candidate Name	-	5 - 7	mount of Each Disbursement this Period				
BECERRA, XAVIER, , , Office Sought: Y House Disbursen	nent For: 2016	Туре	1000.00				
	Primary General		100.00				
	Other (specify)		I w				
State: CA District: 31	· · · · · · · · · · · · · · · · · · ·		Memo Item				
Full Name (Last, First, Middle Initial)							
C. FRIENDS OF KELLY AYOTTE		D	ate of Disbursement				
Martin or Address - D. D. D. S.		г	M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y				
Mailing Address PO BOX 233			09 26 2016				
City	State Zip Code		CO Identification Number				
NASHUA	NH 03061	<u>F</u>	EC Identification Number				
Purpose of Disbursement	, I r		C00464297				
campaign contribution			Transaction ID : SB23.35276				
Candidate Name AYOTTE, KELLY A, , ,		catego. j.	mount of Each Disbursement this Period				
	nent For: 2016	Туре	1000.00				
	Primary General		7 7				
	Other (specify)	l r	Mama Itam				
State: NH District: 00			Memo Item				
		Г					
SUBTOTAL of Disbursements This Page (optional)			3000.00				
TOTAL This Period (last page this line number only)		.					

S	CHEDULE B (FEC Form 3X)			FOR LINE N	IUMBER PAGE 30 OF 3	4
IT	EMIZED DISBURSEMENTS		rate schedule(s) ategory of the	(check only	one)	
			Summary Page	21b	22 🗶 23 26 27	
				28a	28b 28c 29 30b	
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
$\Big >$	HCA INC. GOOD GOVERNMENT	FUND				
_	Full Name (Last, First, Middle Initial)					
Α.	GRASSLEY COMMITTEE INC				Date of Disbursement	
	Mailing Address PO BOX 1000				09 08 2016	
	,	State	Zip Code		FEC Identification Number	
	DES MOINES	IA	50304			
	Purpose of Disbursement fund raiser				C C00230482	
	Candidate Name			Category/	Transaction ID: SB23.35268 Amount of Each Disbursement this Period	
	GRASSLEY, CHARLES E SENATO	OR, , ,		Type	Authority of Each Biobarconicity this 1 choc	1
		nent For: 20			3000.00	
		Primary	★ General			
	State: IA District: 00	Other (speci	iiy) ▼		Memo Item	
	Full Name (Last, First, Middle Initial)					
В.	HOLDING ONTO OREGON'S PRIC	ORITIES	3		Date of Disbursement	
					M M / D D / Y Y Y Y	
	Mailing Address PO BOX 3314		T. O. I		09 08 2016	
	,	State OR	Zip Code 97208		FEC Identification Number	
	Purpose of Disbursement		0.200		C C00392738	
	fund raiser				Transaction ID : SB23.35267	
	Candidate Name		-	Category/	Amount of Each Disbursement this Period	
	Office Sought: House Disbursem	nent For:		Туре	3000.00	1
		Primary	General		7 7 7	ı,
	President	Other (speci	ify)		Memo Item	
	State: District:				Wello item	
^	Full Name (Last, First, Middle Initial)				Data of Disharana	
U.	LEVIN FOR CONGRESS				Date of Disbursement	
	Mailing Address PO Box 37				09 15 2016	
	City	State	Zip Code		FFO Identification No. 1	
	Roseville	MI	48066		FEC Identification Number	
	Purpose of Disbursement fund raiser		ı		C C00156612	
	Candidate Name				Transaction ID: SB23.35271	
	LEVIN, SANDER M MR, , ,			Category/ Type	Amount of Each Disbursement this Period	
		nent For: 20		Турс	2500.00	1
		Primary	★ General			4
		Other (speci	ify) 🔻		Memo Item	
	State: MI District: 12				_	
S	SUBTOTAL of Disbursements This Page (optional)			············•	8500.00]
Т	OTAL This Period (last page this line number only).					1

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SCHEDULE B (FEC Form 3X)	The commute relevable (A)	FOR LINE	NUMBER: PAGE 31 OF 34			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT		ai committee to	Solicit Committee.			
Full Name (Last, First, Middle Initial) A. MARCO RUBIO FOR SENATE 20)16		Date of Disbursement			
Mailing Address PO BOX 661537			09 20 2016			
City MIAMI Purpose of Disbursement	State Zip Code FL 33266		FEC Identification Number			
fund raiser Candidate Name		Category/	C C00620518 Transaction ID : SB23.35275 Amount of Each Disbursement this Period			
x Senate	ment For: 2016 Primary	Type	2000.00			
State: FL District: 00	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. MCCARTHY VICTORY FUND Mailing Address PO BOX 30844			Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement			
City BETHESDA Purpose of Disbursement fund raiser Candidate Name	State Zip Code 20824		FEC Identification Number C C00541011 Transaction ID: SB23.35263			
MCCARTHY, KEVIN, , ,	ement For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item			
Full Name (Last, First, Middle Initial) C. MIKE CRAPO FOR US SENATE			Date of Disbursement			
Mailing Address P.O. BOX 1948			09 26 2016			
City BOISE Purpose of Disbursement fund raiser Candidate Name CRAPO, MICHAEL, , ,	State Zip Code 83701	Category/ Type	FEC Identification Number C C00330886 Transaction ID: SB23.35277 Amount of Each Disbursement this Period			
	ment For: 2016 Primary General Other (specify) ▼	Туре	2500.00 Memo Item			
SUBTOTAL of Disbursements This Page (optional).		······	5500.00			
TOTAL This Period (last page this line number only	·)					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) A. VAN HOLLEN FOR SENATE Mailing Address 10605 CONCORD ST SUITE 202 City KENSINGTON Purpose of Disbursement Internal raiser VAN HOLLEN, CHRIS, , Office Sought: I House President District: 03 Full Name (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 City Sarasota Purpose of Disbursement Full Name (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 Fig. Sarasota Purpose of Disbursement Full Name (Last, First, Middle Initial) B. VERN BUCHANAN, VERNON, , Office Sought: An ount of Each Disbursement Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement this Period Fill Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category/ Type Office Sought: An ount of Each Disbursement this Period Category/ Type Transaction ID : \$823.35274 Amount of Each Disbursement Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate sched	dule(s) _{(ch}	OR LINE N	NUMBER: one)	PAGE 32 OF 34
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) A. VAN HOLLEN FOR SENATE Mailing Address 10605 CONCORD ST SUITE 202 City KRNSINGTON Purpose of Disbursement fund raiser VAN HOLLEN, CHRIS, , Office Sought: House Sarasota Purpose of Disbursement (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 City Sarasota Purpose of Disbursement (Lond raiser Candidate Name Clast, First, Middle Initial) City Surpose of Disbursement (Lond raiser Candidate Name Coategory/ Type District: 13 Full Name (Last, First, Middle Initial) C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC) Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City State VAN DOLLEN, Green Disbursement Coategory/ Type Disbursement Coategory/ Type Date of Disbursement Coa		Detailed Summary F	of the Page	21b 28a	22 X 28b	28c 29 30b
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) A. VAN HOLLEN FOR SENATE Mailing Address 19605 CONCORD ST SUITE 202 City KENSINGTON Prippose of Disbursement (Ind raiser Cardidate Name Full Name (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 City Sarasota Prippose of Disbursement (Ind raiser Cardidate Name BUCHANAN, VERNON, Office Sought: Yeneident Yen						
A. VAN HOLLEN FOR SENATE Mailing Address 10605 CONCORD ST SUITE 202 City KENSINGTON KENSINGTON MD Z0895 Purpose of Disbursement fund raiser Candidate Name VAN HOLLEN, CHRIS, , Office Sought:	NAME OF COMMITTEE (In Full)	·				
City State Zip Code KENSINGTON Purpose of Disbursement fund raiser Candidate Name VAN HOLLEN, CHRIS, , . Office Sought:	_					
KENSINGTON	Mailing Address 10605 CONCORD ST SUITE 202					
tund raiser Candidate Name VAN HOLLEN, CHRIS, , , Office Sought:	KENSINGTON	1 -)			
VAN HOLLEN, CHRIS, , , Office Sought:	fund raiser				Transac	ction ID : SB23.35279
State: MD District: 03 Full Name (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 City Sarasota Purpose of Disbursement fund raiser Candidate Name BUCHANAN, VERNON, , Office Sought: Primary x General	VAN HOLLEN, CHRIS, , ,				Amount of E	
State: MD District: 03 Full Name (Last, First, Middle Initial) B. VERN BUCHANAN FOR CONGRESS Mailing Address P. O. Box 48928 City Sarasota Purpose of Disbursement fund raiser Candidate Name BUCHANAN, VERNON, , , Office Sought: State: FL District: 13 Full Name (Last, First, Middle Initial) C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC) Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City DULLES Purpose of Disbursement fund raiser Category/ Type Date of Disbursement Category/ Type Memo Item FEC Identification Number Category/ Type 1500.00 Date of Disbursement this Period Memo Item FEC Identification Number Category/ Type Date of Disbursement Memo Item FEC Identification Number Category/ Type Transaction ID: SB23.35274 Amount of Each Disbursement Transaction Number Category/ Type Office Sought: Va Zip Code VA Z0166 Purpose of Disbursement fund raiser Candidate Name Category/ Type Office Sought: House Senate President Disbursement For: Senate President Other (specify) Memo Item FEC Identification Number C C00431403 Transaction ID: SB23.35272 Amount of Each Disbursement this Period Memo Item Memo Ite	x Senate	Primary Gen	neral		Mome	4- 4-
Mailing Address P. O. Box 48928 City Sarasota Purpose of Disbursement fund raiser Candidate Name BUCHANAN, VERNON, , , Office Sought: State: FL District: 13 Full Name (Last, First, Middle Initial) C: VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC) Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City Dulles Purpose of Disbursement Value of Disbu	State: MD District: 03				LI iviemo I	
City Sarasota Purpose of Disbursement fund raiser Candidate Name BUCHANAN, VERNON, , , Office Sought:	B. VERN BUCHANAN FOR CONGRE	ESS			M - M /	D D / Y Y Y Y
Sarasota Purpose of Disbursement fund raiser Candidate Name BUCHANAN, VERNON, , Office Sought:		N-1-			09	∠u 2016
fund raiser Candidate Name BUCHANAN, VERNON, , , Office Sought:	Sarasota	')		FEC Identifi	cation Number
BUCHANAN, VERNON, , Office Sought:	fund raiser					
Senate President Other (specify) Memo Item State: FL District: 13 Memo Item	BUCHANAN, VERNON, , ,	ANAN, VERNON, , ,			Amount of E	
State: FL District: 13 Full Name (Last, First, Middle Initial) C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC) Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City DULLES Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President Disbursement For: Senate President Other (specify) ▼ Memo Item Date of Disbursement Date of Disbursement Type FEC Identification Number Category/ Type 1000.00 Memo Item	Senate	Primary x Gen	eral			1500.00
C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC) Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City DULLES Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President Date of Disbursement Disbursement FEC Identification Number C C00431403 Transaction ID: SB23.35272 Amount of Each Disbursement this Period 1000.00 Memo Item		Other (specify)			Memo I	ltem
Mailing Address 22780 INDIAN CREEK DRIVE, STE 100 City DULLES DULLES Purpose of Disbursement fund raiser Candidate Name Category/ Type Office Sought: House Senate President Disbursement For: Senate Primary General Other (specify) Memo Item	, , ,	NOW PAC (VE	RN PAC))		
DULLES Purpose of Disbursement fund raiser Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Memo Item	Mailing Address 22780 INDIAN CREEK DRIVE, STI	E 100				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Transaction ID : SB23.35272 Amount of Each Disbursement this Period 1000.00 Memo Item	DULLES Purpose of Disbursement	')	-		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Memo Item						
Memo Item	Senate	Primary Gen				4 4
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SCHEDULE B (FEC Form 3X)	l le c	make extract to ()	FOR LINE	NUMBER:		PAGE 33 OF 34
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		- CO -] 00
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or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
HCA INC. GOOD GOVERNMENT	FUND					
Full Name (Last, First, Middle Initial)						
A. WYDEN FOR SENATE				Date of	Disburseme	nt
Mailing Address 123 NE 3RD SUITE 321				M ■ M 09	/ D D D 08	2016
Mailing Address 123 NE SKD SOTTE 321				09	ŪΟ	2010
,	State	Zip Code		FEC Ide	entification N	umber
PORTLAND Purpose of Disbursement	OR	97232			200200070	
fund raiser					C00308676	CD22 25266
Candidate Name			Category/			: SB23.35266 bursement this Period
WYDEN, RONALD LEE, , , Office Sought: House Disbursen	nent For: 2		Type			2000.00
	Primary	∪16 x General			7	2000.00
	Other (spec			Mer	no Item	
State: OR District: 00				IVIO.		
Full Name (Last, First, Middle Initial) B.				Date of	Disburseme	nt
5.				M M	/ D D	/
Mailing Address					L.J	
City	State	Zip Code				
Only Control	Jidio	210 0000		FEC Ide	entification N	umber
Purpose of Disbursement				C		
Candidate Name			0-1	A	of Fook Die	humanna thia Davia d
			Category/ Type	Amount	OI Each Dis	bursement this Period
Office Sought: House Disbursem						7
	Primary Other (spec	General				
State: District:	Other (open	··y/		Mer	no Item	
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C.				Date of	Disburseme	
Mailing Address				M = M	/ D D	/ Y Y Y Y
City	State	Zip Code		FEC Ide	entification N	umber
Purpose of Disbursement				С		
Candidate Name			Category/	Amount	of Each Dis	bursement this Period
Office Sought: House Disbursen	nent For:		Туре			
	Primary	General				7
	Other (spec	ify) ▼		Mer	no Item	
State: District:				_		
SUBTOTAL of Disbursements This Page (optional)						2000.00
				_	,	22500.00
TOTAL This Period (last page this line number only).				1 .		22500.00

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SCHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER:		PAGE 34 OF			
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	Detailed	Summary Page	x 28		28c	29 27 30b			
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or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
angle HCA INC. GOOD GOVERNMENT	FUND								
Full Name (Last, First, Middle Initial)									
A. Lee, Robbin, , ,				Date of	Disburse				
Mailing Address 4330 N Hwy A1A #701				09	/ D				
City	Ctoto	Zin Codo		+ ===					
City Ft. Pierce	State FL	Zip Code 34949		FEC Id	entification	n Number			
Purpose of Disbursement				С					
Stop Payment on Check #1084 deposited previous	siy				nsaction	ID : SB28A.35262			
Candidate Name			Category/	Amoun	of Each	Disbursement this Perio			
Office Sought: House Disburse	ment For:		Type			750.00			
Senate	Primary	General			7	7 -			
President State: District:	Other (spe	ecify) 🔻		Me	mo Item				
Full Name (Last, First, Middle Initial)									
B.				Date of	Disburse	ment			
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City	State	Zip Code		FEC Id	entification	n Number			
Purpose of Disbursement				C					
		Category/ Type			C				
Candidate Name					Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:								
Senate	Primary	General				17117			
President	Other (spe	ecify)		Me	mo Item				
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Senate	Primary General								
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